

2017 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS

COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2017 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$717.57	\$14.35	\$731.92
Employee & 1		\$1,435.13	\$28.70	\$1,463.83
Employee & 2 or more dependents on Basic Plan		\$2,152.71	\$43.05	\$2,195.76
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$795.44	\$15.91	\$811.35
Employee & 1		\$1,590.88	\$31.82	\$1,622.70
Employee & 2 or more dependents on Basic Plan		\$2,386.32	\$47.73	\$2,434.05
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		\$718.07	\$14.36	\$732.43
Employee & 1		\$1,436.14	\$28.72	\$1,464.86
Employee & 2 or more dependents on Basic Plan		\$2,154.21	\$43.08	\$2,197.29
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$570.73	\$11.41	\$582.14
Employee & 1		\$1,141.45	\$22.83	\$1,164.28
Employee & 2 or more dependents on Basic Plan		\$1,712.18	\$34.24	\$1,746.42
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN				
Employee on Basic Plan		\$458.07	\$9.16	\$467.23
Employee & 1		\$916.14	\$18.32	\$934.46
Employee & 2 or more dependents on Basic Plan		\$1,374.21	\$27.48	\$1,401.69
HEALTH NET HMO PLAN - BASIC PLAN A				
Employee on Basic Plan		\$1,292.89	\$25.86	\$1,318.75
Employee & 1		\$2,585.78	\$51.72	\$2,637.50
Employee & 2 or more dependents on Basic Plan		\$3,878.66	\$77.57	\$3,956.23
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$899.05	\$17.98	\$917.03
Employee & 1		\$1,798.10	\$35.96	\$1,834.06
Employee & 2 or more dependents on Basic Plan		\$2,697.16	\$53.94	\$2,751.10
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$1,712.92	\$34.26	\$1,747.18
Employee & 1		\$3,425.83	\$68.52	\$3,494.35
Employee & 2 or more dependents on Basic Plan		\$5,138.75	\$102.78	\$5,241.53
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B				
Employee on PPO Basic Plan		\$1,542.05	\$30.84	\$1,572.89
Employee & 1		\$3,084.10	\$61.68	\$3,145.78
Employee & 2 or more dependents on Basic Plan		\$4,626.14	\$92.52	\$4,718.66
DELTA DENTAL PREMIER - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
For Health Net Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
For Kaiser Permanente Plans	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
Without a Health Plan	Employee	\$45.16	\$0.90	\$46.06
	Employee + 1	\$102.00	\$2.04	\$104.04
	Employee + 2 or more	\$102.00	\$2.04	\$104.04
DELTA CARE (PMI)				
For CCHP Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Employee + 2 or more	\$62.81	\$1.26	\$64.07